

To: The City of Santa Barbara Affordable Housing Program Staff

Please add my information to your affordable housing "Interest List" data base:

NAME _____ Phone: _____

ADDRESS _____ Phone: _____

_____ Email: _____

HOUSEHOLD SIZE [*a household is a domestic unit that currently lives together*]:

_____ Adults over 18 years

_____ Children under 18 years

INCOME CATEGORY [*Based upon household size and total annual income*] * _____

<i>Effective 3-8-06</i>	# OF PEOPLE CURRENTLY IN YOUR HOUSEHOLD					
*Income Category	1	2	3	4	5	6
"Low"	\$ 36,850	\$ 42,100	\$ 47,400	\$ 52,650	\$ 56,850	\$ 61,050
"Moderate"	\$ 55,320	\$ 63,120	\$ 71,040	\$ 78,960	\$ 85,320	\$ 91,560
"Middle"	\$ 73,760	\$ 84,160	\$ 94,720	\$ 105,280	\$ 113,760	\$ 122,080
"Upper-Middle"	\$ 92,200	\$ 105,200	\$ 118,400	\$ 131,600	\$ 142,200	\$ 152,600

TOTAL (before taxes) ANNUAL INCOME - household members over 18 years

OPTIONAL INFORMATION:

I have been pre-qualified for a loan in the approximate amount of \$ _____ and my down payment in cash is approximately \$ _____.

By signing below, I grant the City of Santa Barbara authority to provide information shown here to sellers and developers of City affordable housing units. I acknowledge that I have received a copy of the City of Santa Barbara's Affordable Housing Summary. I further acknowledge that I must update my information six months from the date below in order for my information to remain in your data base.

Signature

Date

RETURN TO:

CITY OF SANTA BARBARA
HOUSING PROGRAMS-dr
PO BOX 1990
SANTA BARBARA, CA 93102-1990